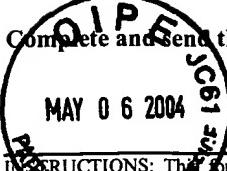


05/07/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
Mail Stop ISSUE FEE
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037903 7590 05/04/2004

DAWN JANELLE AT
BIOMEASURE INC.
27 MAPLE STREET
MILFORD, MA 01757

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Dawn Janelle	(Depositor's name)
<i>Dawn Janelle</i>	(Signature)
5/6/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,605	01/16/2001	Michael D. Culler	00537-149003 / BPC044A	5812

TITLE OF INVENTION: METHOD OF INHIBITING FIBROSIS WITH A SOMATOSTATIN AGONIST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
TELLER, ROY R	1654	514-012000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fish & Richardson

2 Brian R. Morrill

3 Alan F. Feeney

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Societe de Conseils de Recherches et
d'Applications Scientifiques, S.A.S.

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0590 (enclose an extra copy of this form).

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(Authorized Signature) *Alan F. Feeney* (Date) *5/6/2004*
 Alan F. Feeney, Reg. # 43,609

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03 FC:8001	15.00 DA

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